

SENT VIA EMAIL OR FAX ON
Oct/19/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L2-5 ALIF w/pedicle screws, L2-3l aminectomy with posterior-lateral fusion, LOS 2 days

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Neurologist with 30 years experience in clinical practice

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 6/23/09 and 6/3/09

Center for Neurological Disorders 10/10/00 thru 8/24/09

CT Lumbar 8/14/09

Lumbar Myeogram 8/14/09, 3/16/07, 6/12/03

Neuro EMG 3/7/07

Hospital 10/16/02

Plaza Medical 8/24/01 thru 4/14/02

EMG 12/11/03

DNI 8/31/01

MRI 1/19/00

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Mr. was injured and complained of low back pain but was able to return to light duty in June 2000. Examination in October 2000 showed positive straight leg raise on the right, normal motor strength, decrease sensation in right lateral thigh and calf. An MRI on 1/19/00 showed a central disk protrusion at L4-5 with mild spinal stenosis. A CT of lumbar spine in 2001 showed no spinal stenosis but disk bulges at L4-5 and L3-4. A multi-level

laminectomy and fusion was performed from L3-L5 in April 2002. By 2003 he recovered enough to return to work, but by 12/03 EMG showed multilevel radiculopathy, L3 to L5. No treatment notes are available until 2007 when complaints of worsening back pain are noted. Exam showed obesity, paraspinous muscle spasm, diffuse 4-/5 strength in lower extremities and normal reflexes. EMG was unchanged from 2003. A CT lumbar spine showed post-op changes, but the treating doctor felt there was significant lumbar stenosis at L2-3 and recommended surgery. By 2009, significant central canal stenosis at

L2-3 was demonstrated on a CT. Examination reveals diffuse 4-/5 strength and diffuse numbness of lower extremities, diminished reflexes and positive straight leg raise. Occasional bowel and bladder incontinence is reported.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION

This patient has continuing low back pain with imaging evidence of spinal stenosis. History and physical examination does not give enough information to correlate the patient's complaints with the imaging studies. Claudication is mentioned. Peripheral pulses are not examined and no documentation of pseudo-claudication present. No history is supplied about the patient's activities during the time post injury. Is he exercising to maintain muscle tone or is he resting? Is there any evidence of malingering or depression? Is he tossing and turning at night as a mechanism of continuing pain? Is he misusing narcotic medication by performing strenuous activity after narcotic use? These questions are important regarding the future care of this patient. Because of the above listed reasons, the requested care is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

INTERQUAL CRITERIA

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)